## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMUSSION
Washington, D.C. 20549

FORM Ø

APR 1 8 2005

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response ....... 16.00

SEC USE ONLY

1324991

NOTICE OF SALE OF SESURITIES
PURSUANT TO REGULATION D.
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMP

143	000 000 01	16.1
	Prefix	Serial
05	051584	

Name of Offering ( check if this is an amendment and name has changed, and indicate char **Limited Liability Company Interests** Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULUL Type of Filing: 

New Filing 

□ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) RDO Preston Place Associates, LLC Telephone Number (Including Area Thomas Son Address of Executive Offices (Number and Street, City, State, Zip Code) 5445 South Highland Drive, Salt Lake City, Utah 84117 801-272-5111 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: Formed to acquire income-producing properties in Bossier City, Louisiana Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☑ other (please specify): a Utah limited liability ☐ limited partnership, to be formed ☐ business trust company Month Year 0 2 ☑ Actual ☐ Estimated Actual or Estimated Date of Incorporation or Organization: 0 | 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

211,112.1

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) SaltLake-250638.1 0060571- 00003**1 of 8** 

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Basii Bailai Millia	The Partition of	r partitionip issues.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, i RDO Properties, LLC (Ma	•	r)			
Business or Residence Address South Highland Drive	,	· · · · · · · · · · · · · · · · · · ·	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director (Manager of Manager)	☐ General and/or Managing Partner
Full Name (Last name first, i David O'Leary	f individual)				
Business or Residence Address 5445 South Highland Drive	•	· · · · · · · · · · · · · · · · · · ·	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director (Manager of Manager)	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip C	Code)	***************************************	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director (Manager of Manager)	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director (Manager of Manager)	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

Full Nam	e (Last nam	ne first, if in	ndividual)	. •									
Business	or Residen	ce Address	(Number	and Street,	City, State	, Zip Code)						<del></del>	
			(Use blank	sheet or c	ony and use	e additional	conies of t	his sheet, a	s necessary	,)			
			(OSC DIBIIK			124	OUT OFF		3 1100033di y	•)			
	1.17 4 **											Yes	No
1. Has	the issuer s	old, or doe	s the issuer						_				$\boxtimes$
					• •	•		ınder ULOI					
2. Wha	t is the min	imum inve	stment that	will be acc	epted from	any individ	dual?						00,000
2 D	. 41 EC		oint owners	سند عد سند	المنسية أم							Yes ⊠	No
			ested for ea										L
or si listed of th set fo	milar remud is an asso e broker or orth the info	neration for ciated pers dealer. If formation for	or solicitation on or agent more than or that broke	on of purch of a broke five (5) pe	asers in co r or dealer rsons to be	nnection w registered v	ith sales of with the SE	securities C and/or w	in the offer	ring. If a pe or states, lis	erson to be t the name		
Full Nam	e (Last nan	ne first, if in	ndividual)						_				
Business	or Residen	ce Address	(Number a	nd Street, (	City, State,	Zip Code)							
Name of	Associated	Broker or	Dealer										
States in	Which Pers	on Listed I	las Solicite	d or Intend	s to Solicit	Purchasers							
(Check '	"All States"	' or check i	ndividual S	tates)		•••••						□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	_
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO	
[RI]	(SC)	[SD]	[NII]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
Full Nam	e (Last nan	ne first, if in	ndividual)										
Business	or Residen	ce Address	(Number a	nd Street, (	City, State,	Zip Code)							
Name of .	Associated	Broker or	Dealer	· · ·							<del></del>		
States in	Which Pers	on Listed I	Has Solicite	d or Intend	s to Solicit	Purchasers							
(Check '	'All States'	or check i	ndividual S	tates)		•••••						□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	1
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	_
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA [PR	
	e (Last nam		<del> </del>	[IX]	[01]	[ 4 1 ]	[VA]	[1417]	[,,,]	[**+]	[11.7]	LFK	1
i un ivani	e (Last han	ic 11131, 11 11	idi viduai)										
Business	or Residen	ce Address	(Number a	nd Street, (	City, State,	Zip Code)			_				•
Name of	Associated	Broker or	Dealer						<u>-</u>			<del></del>	
			<i></i>										
			las Solicite							· <del></del>			
(Check '	"All States"	' or check i	ndividual S	tates)		•••••						□ All	States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]	_	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[M] [O]	•	[MO] [PA]
(RI)	[SC]	[SD]	[NA]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[W:	-	[PR]
				sheet or co	ony and use	additional	copies of t	his sheet, a	s necessary	•)			
	· ·		<del></del>					NSES AND			EDS		
alread check	the aggredy sold. Enter this box this box thready exchange.	ter "0" if and indicate	answer is	"none" or	"zero." If	the transa	ction is ar	n exchange	offering,				
,	Type of Sec	urity									egate g Price	Am	ount Already Sold
]	Debt							•••••		\$		\$_	
1	Equity (Me	mbership In	iterests)	••••••				••••••	•••••	\$	000,000	\$_	600,000
		10	X	Common	☐ Prefe	rred							
]	Partnership 1	Interests			•••••			•••••		\$		\$_	
(	Other (Speci	ify			· · · · · · · · · · · · · · · · · · ·	)				\$		\$_	
	Total									\$		\$	
		A arrian	alaa in Am	nandin Ca	1 2 if i	filing under	III OE						
	Accredited I	nvestors								Inve	mber estors	_	Aggregate collar Amount of Purchases \$600,000
												_	
1	Non-accredi Total (							*******************			0 N/A		0 N/A
	Total			• .				***************************************	••••••		14/74	Φ	11/A
			•	•		iling under							
ties s	s filing is foold by the contract of the second sec	issuer, to o	late, in off	erings of t	the types in	ndicated, in	n the twelv	re (12) mo	nths prior	<b>T</b>	c	ъ.	11
	Гуре of Secu	urity									e of urity	D	ollar Amount Sold
I	Rule 505											\$_	
I	Regulation A	٩			•••••							\$_	
I	Rule 504		:									\$_	<u>.</u>
	Total .		•••••					***************************************				\$_	
secur The i	Furnish a s ities in this nformation known, fur	offering. may be gi	Exclude ar ven as sub	nounts rela	ating solely	y to organi gencies. If	ization exp the amoui	enses of t	he issuer.				
7	Transfer Ag	ent's Fees	••••									\$_	0
I	Printing and	Engraving	Costs									\$_	0
J	Legal Fees				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••					\$_	0
,	Accounting	Fees						•••••				\$_	0
						4 00							

Engineering Fees					\$0
Sales Commissions (specify finders' fees separa					s <u></u> 0
Other Expenses (identify)			••		\$0
I I					\$ <u> </u>
			E pp o opppo		
C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND	USE O	F PROCEEDS		
b. Enter the difference between the aggregate offition 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference i	s the		\$_	4,000,000
5. Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount for and check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to P	or any purpose is not known, furnish an esti al of the payments listed must equal the adj	mate			
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		□ \$_	-0-	□ \$	-0-
Purchase of real estate		<b>□</b> \$_	-0-	⊠ \$_	3,270,870
Purchase, rental or leasing and installation of made	chinery and equipment	□ \$_	-0-	<b>-</b> \$	-0-
Construction or leasing of plant buildings and fac	cilities	□ \$_	-0-	□ \$_	-0-
Acquisition of other businesses (including the val offering that may be used in exchange for the asso	ets or securities of another issuer pursuant		٥		0
to a merger)		_		_	-0-
Repayment of indebtedness					-0-
Working capital					-0- -0-
Other (specify): RDO Properties, LLC Acquisition/Closing/Loan Related Costs			117,000	_	277,130
Repairs/Upgrades					335,000
Column Totals					
Total Payments Listed (column totals added)		ΔΨ_	<u> </u>		0,000
Total Layments Listed (continui totals added)			₩	7,000	<u>1,000</u>
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the issues its staff, the information furnished by the issuer to any notice.	suer to furnish to the U.S. Securities and Ex	change	Commission, up		
Issuer (Print or Type)	ignature		Date		
RDO Preston Place Associates, LLC	1 3 EX	>	April,2005	; 	
	itle of Signer (Print or Type)				
David O'Leary M	Aanager (		ノ		

### -ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No
of such rule?		$\boxtimes$
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
RDO Preston Place Associates, LLC	April 2 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)
David O'Leary	Manager

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	2	2	3			4			5
	Intend to non-a investors (Part B-	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR							·		
CA		'			_		***		
СО									
CT									
DE									
DC									
FL									
GA									
HI					_		·		
ID									
IL									
IN									
IA		~							
KS		• • • • • • • • • • • • • • • • • • • •			-				
KY			T : '4 - 1 T :-1 :1'4 -						
LA		X	Limited Liability Company Interests \$100,000	1	\$100,000				Х
ME	·	. :			WITH				
MD					_				
MA					_				
MI					_				
MN									
MS					7 of 0				

# APPENDIX

1	1	2	3	3 4					
	Intend to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	,								
MT									
NE		_		Market to the second se					
NV									
NH									
NJ									
NM						:			
NY									
NC									
ND		,							
ОН						·			
OK						:			
OR			and you do be		****	,			
PA							and the second s		
RI		_			_				
SC					_				
SD									
TN									
TX							**************************************		
UT		Х	Limited Liability Company Interests \$500,000	2	\$500,000				Х
VT		<u> </u>							
VA								:	
WA			-		****				
WV		<u> </u>							
WI						,			

A	P	P	F	N	n	1	`

1		2	3			4		5		
	ł							Disqual	lification	
			Type of security					under St	ate ULOE	
	Intend	to sell	and aggregate					(if yes, attach		
	to non-a	ccredited	offering price			ation of				
	investor	s in State	offered in state		waiver granted)					
	(Part B	-Item 1)	(Part C-Item 1)		(Part E-Item 1)					
			<u> </u>	Number of		Number of				
		,		Accredited		Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
WY										
PR										